NAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELLICO, TN 37762 DEFICIENCY MUST BE PRECEDED BY FULL TAGS REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS F 000 INITIAL COMMENTS A Recertification survey and complaint investigation #29110 were completed at Beech Tree Manor on May 2, 2012. No deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 253 483,15(N)(2) HOUSEKEEPING & F.253 493,15(N)(2) HOUSEKEEPING & CONTAINER WILL THAN TO ADMINISTRANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility faited to provide a sanitary environment for one of two Central Baths. The findings included: Observation on May 1, 2012, at 1:40 p.m., in the 300 Hall Central Bath revealed the trash can was overflowing to the floor with soiled briefs. Continued observation revealed two residents were brought to the central bath to receive showers.	TATEMEN ND PLAN (T OF D	EFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A Recertification survey and complaint investigation #29110 were completed at Beach Tree Manor on May 2, 2012. No deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities. F 253 483.15(h)(2) HOUSEKEEPING & F.253 1) Trash container was emptied. The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a sanitary environment for one of two Central Baths. The findings included: Observation on May 1, 2012, at 1:40 p.m., in the 300 Hall Central Bath revealed the trash can was overflowing to the floor with soiled briefs. Continued observation revealed two residents were brought to the central bath to receive showers. Interview with Certified Nurse Aide (CNA) #1, May 1, 2012, at 1:45 p.m., in 300 Hall Central Bath revealed "I normally take it (trash) out when it gets full" Continued interview confirmed the 300 Hall Central Bath was not sanitary for bathing the two residents. F 272 483.20(b)(1) COMPREHENSIVE F 272					2	40 HOSPITAL LANE, PO BOX 300		02/2012
A Recertification survey and complaint investigation #29110 were completed at Beech Tree Manor on May 2, 2012. No deficiencies were cited under 42 CFR Part 443, Requirements for Long Term Care Facilities. F 253 483.15(h)(2) HOUSEKEEPING & F 253 The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a sanitary environment for one of two Central Baths. The findings included: Observation on May 1, 2012, at 1:40 p.m., in the 300 Hall Central Bath revealed the trash can was overflowing to the floor with soiled briefs. Continued observation revealed two residents were brought to the central bath to receive showers. Interview with Certified Nurse Aide (CNA) #1, May 1, 2012, at 1:45 p.m., in 300 Hall Central Bath was not sanitary for bathing the two residents. F 272 483.20(b)(1) COMPREHENSIVE	PREFIX		CEACH DEFICIENC	Y MUST BE PRECEDED BY EUL	ID PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	OULD BE	(X\$) COMPLETIO DATE
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i i	F 272	483.2	0(b)(1) COMP	REHENSIVE	F 272		-	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

VEL ALVINIGIAL OF REALTH AND HUMAN SERVICES

Event ID: UVU911

Facility ID: TN0701

If continuation sheet Page 1 of 12

CENTE	RS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES		FORM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		445292	B, WING	05:00:0040
	PROVIDER OR SUPPLIER TREE MANOR		STREET ADDRESS, CITY, STATE, Z 240 HOSPITAL LANE, PO BOX JELLICO, TN 37762	05/02/2012 IP CODE (300
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	ID PROVIDER'S PLAN O PRÉFIX (EACH CORRECTIVE AG TAG CROSS-RÉFERENCED TC DEFICIEN	OTION SHOULD BE COMPLETION DATE
	a comprehensive, reproducible assess functional capacity. A facility must make assessment of a resident and customary routine Cognitive patterns; Communication; Vision; Mood and behavion Psychosocial well-Physical functionin Continence; Disease diagnosis Dental and nutrition Skin conditions; Activity pursuit; Medications; Special treatments Discharge potentia Documentation of sthe additional assessment of the additional assessment of a resident asset (MDS); are set (MDS); are set of the set	accurate, standardized accurate, standardized accurate, standardized asment of each resident's accurate, standardized asment of each resident's accurate, standardized asment of each resident's needs, using the ent instrument (RAI) specified assessment must include at demographic information; and structural problems; and health conditions; and status; and procedures; and procedure	F 272 F-272 1) Dietary Assess was completed on 05-12012. 2) Dietician will be inseabout doing assessment a timely manner. 3) A Sign Out log will be placed at the nursing stotrack location of chat 4) Dietary Manager to monitor Dietary assess to ensure they are completed timely by 6-2012.	erviced ent s in tations erts. ments 6-14-12

			E & MEDICAID SERVICES					M APPROVE 0. 0938-039
AND PLAN	OF CO	DEFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			445292	B. WING	·		0.00	10010040
NAME OF	PRÓVII	DER OR SUPPLIER		15	TREE	T ADDRESS, CITY, STATE, ZIP CODE	1 05/	102/2012
BEECH	TREE	MANOR			240	HOSPITAL LANE, PO BOX 300 LICO, TN 37762		
(X4) ID PREFIX TAG	! : :	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 272	Cor	ntinued From pa	age 2		,			
			NT is not met as evidenced	F 27	2			ļ
	by:		is not met as evidenced		i			!
	Ba	sed on medical	record review and interview,		•			ì
	the	facility failed to	complete a comprehensive		10			Ė
	twe	essment for nu nty-two residen	trition for one resident (#7) of		¥3			i
		ity two residen	is reviewed.					Ĭ.
	The	findings includ	ed:		1			Ê
	Bon	idaat #7			÷			
	12	2012 with diag	dmitted to the facility on April noses including Diabetes					
	Mel	litus. Hypertens	sion, Morbid Obesity, and					
	Bila	teral Lower Ext	remity Wound with Cellulitis.		i			
	Med	lical record revi	iew of the Minimum Data Set		!			:
	(MD	S) dated April 2	25, 2012, revealed the resident		i			
	 SCOI 	ed 15 out of 15	on the Brief Interview for					1
	. ivier	ital Status (BIM	S) indicating no cognitive w of the MDS Care Area		i			
	Ass	essment Summ	nary (CAA) revealed the care		!	4		i
	area	of Nutritional S	Status was triggered and					i
	reve	aled "weight	is 463 lbs (pounds)resident					1 2
	nas Diat	a diagnosis of (Chronic Kidney Disease, (Coronary Artery Disease)		375			į
	thus	needs a thera	apeutic diet. Diet ordered is a					
	Reg	(Regular) NAS	/RC (No Added Salt/Reduced		8			1
	Cart	ochydrates) die	tResident is on Vitamin (Vit)		3			1.
	Car	d Vit B 12 to he	elp withwound healing.					i .
į	orde	x (diuretic) was	started on 4/24/12 as ome desired weight loss as a					ī
	resu	it of the Lasix	Is a referral to another		ï			İ
i	disci	pline warranted	1? YesDietician to see					!
i	resid	ent this afterno	oon."					8
	Med	ical record revis	ew of the Dietary Progress					Ď.
	Note	s and Nutrition	Assessment revealed the		i		•	
	dieti	cian did not cor	nplete the Nutrition		(
	Asse	essment until M	lay 1, 2012.		:			
					0			1

SIAIEMENT	OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE COMPI	
NAME OF THE		445292	B. WING _			
	OVIDER OR SUPPLIER		24	EET ADDRESS, CITY, STATE, ZIP CODE 40 HOSPITAL LANE, PO BOX 300 ELLICO, TN 37762	05/	02/2012
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F 281 44 SS=D F T T D fa for T R 12 M B Signal M Acre	dietician was in the capril 23, 2012, the st to be seen, and the Nutritional Asset 83.20(k)(3)(i) SEP PROFESSIONAL STATE TO THE SECONDAL STATE TO THE SECO	dietician on May 1, 2012, at conference room confirmed the facility during the week of resident was on the dietician's the dietician did not complete essment. RVICES PROVIDED MEET STANDARDS died or arranged by the facility onal standards of quality. NT is not met as evidenced record review, review of facility on the facility failed to follow N (as needed) medications) of twenty-two residents ed: mitted to the facility on April coses including Diabetes on, Morbid Obesity, and emity Wound with Cellulitis. ew of a Physician's Telephone (2012, revealed "Start ligram) 1 po (orally) q6 (every ith no indication for the Benadryl. w of the Medication red (MAR) for April 2012 and 1 po q 6 prn" and the	F 281	F-281 1)Nurses will be directed to document indication for PRN medication given by 5-30-2012 2)Residents with telephone orders written / received from 05-09-2012 to 05-15-2012 regarding PRN medication were reviewed to ensure indication for use were identified on the telephone orders. 3) Nurses will be inserviced one on one by the Director of Nursing or the appointed designee by 5-30-2012. 4) Telephone orders to be monitored daily by the ADON until 6-15-2012.		5-30-12
RM CMS-2567(0	2-99) Previous Versions (Obsolete Event ID: UVU911	Facility	If continu	ation sheet	Page 4 of 12

		& MEDICAID SERVICES					1 APPROVED 2. 0938-0391
STATEMENT OF D AND PLAN OF CO	PEFICIENCIES RRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1340404-01019	ULTIPLI LDING	E CONSTRUCTION .	(X3) DATE S	SURVEY
		445292	B. WIN	IG	- American	05/0	02/2012
BEECH TREE	MANOR			240	ET ADDRESS, CITY, STATE, ZIP CODE HOSPITAL LANE, PO BOX 300 LICO, TN 37762		
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res 18, Cor doc adr Mer Rec "Dir cap	2012, and one of a stinued review of a ministration of the dical record review of the capitulation Order of the capitulation o	vo doses of Benadryl on April dose on April 26, 2012. f the MAR revealed no n indication for the		281			
the below the admiral to the admiral	ealed "medicate of comply with the comply with the comply with the condition for what in the condition for expense documents the complex condition in the condi	olicy, Medication Orders, tion ordersare accepted if a requirements listed eded) orders clearly delineate ich they are being cample, 'as needed for pain' or o'New Verbal Orders The se verbal order and the reason ephone order sheet or the heet"					
Ass Nur the no i faci folio F 314 483	istant Director o se (RN) #1 on M 200 hall nurses ndication for the lity's policy for th wed. .25(c) TREATM	cal record review with the f Nursing and Registered lay 1, 2012, at 9:35 a.m., at station confirmed there was PRN Benadryl and the e PRN medication was not ENT/SVCS TO RESSURE SORES	F 3	:14'			
Bas resi who	ed on the compo dent, the facility enters the facili	rehensive assessment of a must ensure that a resident ty without pressure sores essure sores the		:		٧	

CENTE	RS FOR MEDICA	LTH AND HUMAN SERVICES ARE & MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		445292	B. WING		05/00/0040
	PROVIDER OR SUPPLI TREE MANOR	ER	sr	REET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300	05/02/2012
				JELLICO, TN 37762	
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	they were unaver pressure sores is services to promprevent new sore prevent new sore facility failed to perform include staging, pressure or vene (#10) of twenty-the findings include staging, pressure or vene (#10) of twenty-the findings includes the findings includes Mellitus Heart Failure, Ca and Dementia. Medical record re (MDS) dated Apple scored a three or for Mental Status required extensive daily living. Furth of venous and an ankle. Medical record re updated on Marchinterventions were services to present the present t	cal condition demonstrates that bidable; and a resident having receives necessary treatment and note healing, prevent infection and es from developing. MENT is not met as evidenced cal record review, observation, policy, and interview, the facility a comprehensive assessment to size, and description of a bus stasis wound for one resident wo residents reviewed.	F 314	F-314 1) When the wound was found the Nurse contacted physician and received treatment orders. 2) Weekly Comprehensive skin assessments will be done according to facility policy. Daily skin observation will be conducted thru routine care. 3) Inservice staff on skin care and potential breakdown issues by 6-14-2012. 4) ADON will monitor skin assessments weekly according to facility policy	

CENTE	IMEN RS F	NT OF HEALTH OR MEDICARE	A	ND HUMAN SERVICES MEDICAID SERVICES			*			M APPROVED 0. 0938-0391
STATEMEN AND PLAN	T OF D	EFICIENCIES	1	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NULTIP	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY
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	TREE	MANOR					0 HOSPITAL LANE, PO BOX 300 ELLICO, TN 37762	,		
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F 314	Med Apri indic sore Med Asse 30, 2 pres and Med Rep deta Sept sten	dicting Pressured 11, 2012, revealing moderate is. ical record reviessment record 2012, revealed sure/stasis wound alteration in ical record revieort for a Computagraphy (diagnilled images of the i	ew da	of the Braden Scale for one Risk last updated on a did the resident scored a 14, sk for developing pressure of a Weekly Skin ted April 2, 9, 16, 23, and	F	314				
	Obse Nurs 9:08 resid eleva revea left h Inter- on a inter- the w	ervation and intervation and i	via ide with the ses the	iew with Licensed Practice y 2, 2012, at 8:12 a.m. and nt's room revealed the th heel lift boots (used to feet. Further observation ad a pressure ulcer on the har (necrotic tissue). confirmed the resident was sment program. Further facility was not aware of eel. Further interview the (the resident) had one						£

STATEMENT OF DEPICIENCISES AND PLAN OF CORRECTION A BUILDING A BUILDING A SULDING S. WING CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			FOR OMB N	M APPROVED 0. 0938-0391	
DAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELLICO, TN 37762 SEMMARRY STATEMENT OF DEPICIPIONES (EACH DEFICIENCY) SERVING STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELLICO, TN 37762 FREDIX (EACH DEFICIENCY WUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) FREDIX (EACH CORRECTION SHOULD BE CONFIDENCY ACTION TO SHOULD BE CONFIDEN	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE	SURVEY
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FREEK (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 314 Continued From page 7 Interviews with the Assistant Director of Nursing (ADDN) on May 2, 2012, at 8:33 a.m., LPN #1 at 9:08 a.m., in the resident's room, and telephone interview with a Physician's Assistant (PA) at 9:16 a.m., confirmed the resident had developed a stage 2 wound measuring 1 centimeter (cm) by 1 cm to the left heel that was either a pressure or venous stasis wound, which could develop in to two to three days. Further interview continued the ADON had failed to complete a thorough skin assessment to identify the wound to left heel on April 30, 2012. F 431 483.60(b), (d), (e) DRUG RECORDS, SS=D LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compariments under proper temperature controls, and permit only authorized personnel to have access to the keys.	BEECH	TREE MANOR		240	0 HOSPITAL LANE, PO BOX 300		
Interviews with the Assistant Director of Nursing (ADON) on May 2, 2012, at 8:33 a.m., LPN #1 at 9:08 a.m., in the resident's room, and telephone interview with a Physician's Assistant (PA) at 9:16 a.m., confirmed the resident had developed a stage 2 wound measuring 1 centimeter (cm) by 1 cm to the left heel that was either a pressure or venous stasis wound, which could develop in to two to three days. Further interview confirmed the ADON had failed to complete a thorough skin assessment to identify the wound to left heel on April 30, 2012. F 431 483.60(b), (d), (e) DRUG RECORDS, SS=D, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compariments under proper temperature controls, and permit only authorized personnel to have access to the keys.	PREFIX	, LEAGH DEFICIENC	Y MUST BE PRECEDED BY SULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	ULDRE	
	F 431 SS=D	Interviews with the (ADON) on May 2, 9:08 a.m., in the reinterview with a Pha.m., confirmed the stage 2 wound mere cm to the left heel of venous stasis would two to three days. The ADON had failed assessment to ider April 30, 2012. 483.60(b), (d), (e) It LABEL/STORE DRATE To the facility must end a licensed pharmacof records of receip controlled drugs in accurate reconciliated records are in order controlled drugs is reconciled. Drugs and biological labeled in accordant professional princip appropriate accessed instructions, and the applicable. In accordance with facility must store all locked compartment controls, and permit have access to the life the store and professional principal to the store and permit have access to the life the store and permit have access to the	Assistant Director of Nursing 2012, at 8:33 a.m., LPN #1 at sident's room, and telephone ysician's Assistant (PA) at 9:16 a resident had developed a asuring 1 centimeter (cm) by 1 that was either a pressure or and, which could develop in to Further interview confirmed at to complete a thorough skin atify the wound to left heel on DRUG RECORDS, UGS & BIOLOGICALS Inploy or obtain the services of sist who establishes a system and disposition of all sufficient detail to enable an ion; and determines that drug and that an account of all maintained and periodically also used in the facility must be ce with currently accepted es, and include the ory and cautionary expiration date when state and Federal laws, the I drugs and biologicals in the under proper temperature only authorized personnel to keys.		1) Nurses have been instructed to flush Fentanyl patches when removed and destroyed according to facility policy. 2) Nurses will complete inservice / training to follow facility policy on controlled medications by 5-30-2012. 3) ADON or designee will monitor destruction log		5-30-12

		HAND HUMAN SERVICES E & MEDICAID SERVICES					APPROVED . 0938-0391
STATEMENT AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. 8UI	LDING	CONSTRUCTION	(X3) DATE S COMPLI	SURVEY
		445292	B. WI	1G		05/1	02/2012
	ROVIDER OR SUPPLIER			240 1	T ADDRESS, CITY, STATE, ZIP CODE HOSPITAL LANE, PO BOX 300 LICO, TN 37762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
	Controlled drugs list Comprehensive D. Control Act of 1970 abuse, except whe package drug distributed is readily detected. This REQUIREME by: Based on observational specifications, revisite for biological testing on two (200300 Front Hall Medicarts observed, and destruction of a consect Hall Medicarts observed. The findings included the Cart on May 1, 2010 Nursing Station, wirevealed one open 25 blood glucose to glucose (sugar lever Further observation was not document.)	d compartments for storage of sted in Schedule II of the rug Abuse Prevention and 5 and other drugs subject to an the facility uses single unit ribution systems in which the ninimal and a missing dose can drug to the facility's policy, and the facility of five medication Cart, dication Cart) of five medication drailed to document the introlled substance on one (200 on Cart) of five medication ded:		131			
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CENTE	RS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES		FORM APPROVED
STATEMEN'	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
WANE OF -		445292	B. WING	05/02/2012
	TREE MANOR	ATCUSA	STREET ADDRESS, CITY, STATE, ZIP CO 240 HOSPITAL LANE, PO BOX 300 JELLICO, TN 37762	
PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETION
	package insert revitest stripsWhen yestrips, please write Use test strips with opening" Interview with RN # a.m., at the 200 Sk the 200 Hall Nursing glucose test strips glucose was not de 300 Front Hall Med Observation of the on May 1, 2012, at Nursing Station, will Consult Diagnostics one, 4 milliliter (ml) Testing Solution and Level Glucose Test observation revealed documented on the Review of the manupackage insert reverses to verify that" Review of the manupackage insert reverses to verify that" Interview with RN ## a.m., at the 300 Front Interview with RN ## a.m.	ealed, "Do not use expired you open a new vial of test the date opened on the label, in 3 months after first #1, on May 1, 2012, at 8:30 illed Hall Medication Cart, at 19 Station, confirmed the vial of 19 for verifying patient blood ated when opened. #1 ication Cart 300 Front Hall Medication Cart 19:45 a.m., at the 300 Hall 19:45	F-431 1)All test strip and solution Bottles that were opened and not dated we destroyed. And all test strips and solution opened were dated 5-1-2012. 2)All Residents with glucos monitoring will have blood sugar checked with strips that have a date labeled bottle when opened. 3)Nurse will be inserviced regarding dates on glucose container when opened by 14-2012. 4) Pharmacist will check dates on opened glucose to strips and solutions during routine pharmacy visits.	ere d se d -14-12

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUIL		E CONSTRUCTION	(X3) DATE : COMPL	
		445292	B. WIN	3		0.5/	02/2012
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREE	T ADDRESS, CITY, STATE, ZIP CODE	1	VZ/ZV1Z
BEECHI	TREE MANOR			240	HOSPITAL LANE, PO BOX 300 LICO, TN 37762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 431	Continued From pa	age 10	F 4	31			i
		solutions for verifying the		. .			
	accuracy of glucos strips were not dat	e meters and glucose test					
	200 Back Hall Med	lication Cart		÷			!
	2012, at 7:40 a.m. revealed, Licensed removed the used medication for pair left shoulder blade A. Further observe Fentanyl patch was and discarded in the 200 Back Hall room of Resident to store used med Review of the mar package insert, resident, resident and the store used med	g a medication pass on May 1, at the bedside of Resident A, I Practical Nurse (LPN) #1 Fentanyl (narcotic/controlled n) 25 microgram patch from the region of the back of Resident ation revealed the used s wrapped in a plastic glove ne locked sharp's container on Medication Cart outside the A. A sharp's container is used ical needles. Surfacturer's specifications in the vealed, the Fentanyl patch, concentration of a potent					
	Schedule II opioid substances which highest potential for	agonistSchedule II opioid include Fentanylhave the or abuse and associated risk of to respiratory depression"		;			
	MEDICATION DIS dose of a controlle the container for a	ity's policy, "CONTROLLED BPOSAL", revealed, "When a and medication is removed from dministrations but refused by given for any reason, it is not		1			1
	placed back in the the presence of two nurse and a pharm documented on the	container. It is destroyed in to licensed nurses or a licensed nacist, and the disposal is e accountability record on the hat dose. The same process		į			
		neal of unused partial tablets		100			į

CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES				OMB NO	. 0938-0391
TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
ND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A BUI	LDING		JOINE CI	
		445292	B. WI	NG		05/0	2/2012
	ROVIDER OR SUPPLIER			1000	ADDRESS, CITY, STATE, ZIP CODE		
BEECHT	REE MANOR				LICO, TN 37762		A Property of
(X4) IÒ PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 431	Continued From p	page 11	F	431			į
	and unused portion	ons of single dose ampoules and					1
	doses of controlle reason"	ed substances wasted for any	1	27			
	Interview with LP	N #1, on May 1, 2012, at 7:45	1	18			
	a.m., at the 200 E	Back Hall Medication Cart, in the					
		onfirmed the used Fentanyl patch esident A was placed in the	20				
	sharp's container	; the patch was not destroyed; ways disposed of Fentanyl		**			
	patches in the sh	arp's container."	3	į			
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